The Regulation and Quality Improvement Authority

Children's Home Inspection Report

IN048754

24 September 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Service Type: Children's Home **Provider Type:** Health and Social Care Trust **Located within:** – Western Health and Social Care Trust	**Manager status:** Registered
Brief description of how the service operates: This home is registered as a small children's home as defined in The Minimum Standards for Children's Homes (Department of Health) (2023). The children living in this home have been assessed as having physical and/or intellectual needs/disability and in need of medium to long term care. Children and young people will be referred to collectively as young people throughout the remainder of this report.	

2.0 Inspection summary

An unannounced inspection took place on 24 September 2025 between 10 a.m. and 5 p.m. The inspection was conducted by two care inspectors.

The inspection assessed progress with one area for improvement identified during the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The inspector assessed compliance had been achieved in relation to the previously identified area for improvement related to restrictive practices. Two new areas for improvement were identified regarding staff supervision and the use of visual audio monitors in the home.

Feedback from staff and relatives was positive. Young people appeared relaxed in their home.

The inspectors found that the home was well maintained and met the needs of the young people living there. Observations, discussions with staff and the management team and a review of records indicated staff provided compassionate and individualised care to the young people. Regular collaboration with the multidisciplinary team was evident to meet young people's holistic needs.

There was evidence of robust pre-employment checks for all staff and staff were sufficiently trained. Management were responsive to safeguarding issues and took necessary action in relation to incident management.

The inspector concluded there was safe, effective and compassionate care delivered in the home and the home was well led by the manager. The findings of this report will provide the manager with the necessary information to improve staff practice and young people's experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help plan the inspection.

A range of documents were examined to determine that effective systems were in place to manage the home and deliver safe care.

RQIA inspectors seek to speak with young people, their relatives/carers, visitors and staff for their opinion on the quality of care and their experience of living, visiting or working in this home.

Information was provided to young people, relatives/carers, staff and other stakeholders on how they could provide feedback on the quality of care and support in this home. This included questionnaires and an electronic survey.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

The inspectors spoke with relatives and staff.

Young people who were less able to tell us about how they found life in the home were seen to be relaxed in their surroundings and positive relationships between staff and young people were evident on the day of inspection.

Engagement with relatives provided positive feedback regarding the quality of care delivered by the service. Feedback included that young people received good care and support, and that relatives felt they could raise any issues or concerns if they were to arise; and that there was good communication by the staff team.

Discussions with staff confirmed that they felt positive about their roles, how young people were being supported and managerial support. Staff spoke compassionately about the young people

in their care and demonstrated a high level of commitment and motivation to provide a high standard of care for all the young people living in the home.

No feedback was received by RQIA via questionnaires or electronic survey post inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 16 October 2024		
Action required to ensure compliance with The Children's Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 16 **Stated:** First time	The registered person shall review restrictive practice documentation and take action to ensure clear written records are maintained which evidence restrictive practices are; proportionate to the presenting levels of risk and necessary to safeguard the health, wellbeing and safety of the young people. Restrictions implemented should be for the shortest possible period, subject to regular review by the multidisciplinary team where required, and include a reduction plan where possible.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	

5.2 Inspection findings

5.2.1 How does the home promote and protect the health of the young people accommodated in the children's home?

Young people with complex medical conditions can be more susceptible to ill health. An annual medical review for young people was in place. Health issues were monitored by relevant professionals; to ensure care and support aligned with the assessed needs of the young people. The inspectors found that there was active multi-disciplinary involvement from community nursing, continence nursing, children's nursing for learning disability, epilepsy specialists, dental, general practitioners, speech and language therapy, behaviour therapy, gynaecology, psychiatry, dietetics and social work.

Nursing and social work staff were integrated into the staffing model to provide the right care to young people with complex health care needs. There was evidence of regular medication audits taking place in the home to support the staff team to ensure young people get medication as prescribed, to quickly identify any medication errors so that action can be taken to prevent a recurrence, and ensure that staff can learn from the incident. The senior management team were reviewing a policy in relation to medication management within residential children's homes.

5.2.2 How does the service ensure young people experience a safe and high-quality environment?

The home was clean, tidy and presented as a comfortable, homely space. The décor was generally well maintained throughout the home and any damage had been addressed by estates. Young people's rooms were personalised to reflect the individuality of each young person creating a sense of belonging. The kitchen and dining area was a social space; used collectively by staff and young people during mealtimes. The garden area included outdoor play equipment that created an inviting space for young people.

The use of visual audio monitors in bedrooms was noted during a tour of the environment. The home's statement of purpose (SoP) reported that the use of monitors will depend on young people's particular needs and the need for such surveillance will be outlined in individual risk assessments. Restrictive practice records in relation to the use of the monitors were viewed and evidenced the rationale for use, multidisciplinary agreement and review. A policy in relation to the use of visual monitors was not available during inspection and should be developed to reflect the current arrangements in place. This policy should ensure safe usage of visual audio monitors while protecting each young person's right to privacy.

Additionally, the policy should incorporate robust safeguards, effective governance records, oversight of usage along with staff training. The policy should be made available during inspection. Robust governance structures facilitate effective oversight, and enhance guidance and support provided to staff; all of which will lead to improved outcomes for young people when embedded and sustained. An area for improvement was identified.

5.2.3 How does the service ensure that safe staffing arrangements are in place?

Discussion with the manager and review of records confirmed staff records contained essential information such as their qualifications, experience and professional registration. The inspectors were assured that the manager understood the importance of pre-employment checks for all staff, including agency staff to evidence compliance with Regulation 25 and Schedule 2 of The Children's Homes Regulations (Northern Ireland) 2005.

Training which is responsive to the needs of the young people and staff team contributes to building upon staff confidence, skill and resilience, and further ensures staff are equipped to meet any complex needs within the resident group. Discussions with the management team and a review of the staff training matrix identified that the team continue to achieve a high compliance rate in relation to mandatory training. This training is necessary to ensure staff are equipped to deliver child centred, safe and effective care and support.

Regular team meetings were occurring in the home and were well attended by the staff team. Bringing staff together on a regular basis is essential to maintaining effective communication and fostering a collaborative child centred approach. The manager has plans to introduce reflective sessions with staff supported by a psychologist to develop the team and provide opportunities for staff to reflect on challenges. This approach will support the team to continue to develop consistent, high standard approaches to care.

Although feedback from staff and management indicated effective communication arrangements within the team, a review of records and discussions with the manager identified that individual staff supervision was not occurring regularly due to competing priorities. The manager discussed that they have plans to provide additional support to the leadership team within the home, which should increase the frequency of staff supervision. The Minimum Standards for Children's Homes (2023) requires robust human resource policies and procedures to be in place to ensure supervision arrangements are compliant with Department of Health (DoH) policy and guidance, professional codes of practice and employment legislation. The provision of staff supervision was identified as an area for improvement.

5.2.4 Safeguarding and Incident Management

Safeguarding young people is essential for ensuring that they have the opportunity to develop in a secure environment, where they are safe and protected and where their rights and dignity are upheld. Staff confirmed they understood their safeguarding roles and responsibilities and the team were compliant with necessary training. The manager provided assurance that there is an open culture for reporting safeguarding concerns. There was evidence the management team were responsive and taking the necessary actions to address safeguarding issues in line with the regional policy 'Co-operating to Safeguard Children and Young People in Northern Ireland' (2024).

The management of challenging behaviour may require a predetermined, crisis response from staff in line with young people's positive behaviour support (PBS) plan and agreed interventions. Records reflected an individualised and co-ordinated approach was in place involving staff, family and the multidisciplinary team. This collaboration was to discuss and understand behaviour, identify preventative measures and provide support and safeguarding to the young people in their care in a compassionate manner.

Discussion with the manager and staff highlighted recent incidents which resulted in harm to staff. RQIA were assured that the staff team were proactive in responding to behaviours that challenge, mitigating against any impact upon young people and staff. These incidents were notified to RQIA retrospectively.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Minimum Standards for Children's Homes (Department of Health) (2023).**

	Regulations	Standards
Total number of Areas for Improvement	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)	
Area for improvement 1 **Ref:** Standard 19 **Stated:** First time **To be completed by:** 24 November 2025	The registered person shall develop a policy and procedure in relation to the use of visual audio monitors that ensures robust arrangements are in place to support safe usage of monitors that respects each young person's right to privacy; and ensures effective governance and oversight of usage; staff are trained and robust records are maintained. Ref: 5.2.2
	Response by registered person detailing the actions taken: Please see attached document
Area for improvement 2 **Ref:** Standard 16.7 **Stated:** First time **To be completed by:** 24 October 2025	The responsible person shall ensure that the staff team receive professional supervision in line with Department of Health (DoH) policy and guidance, and professional codes of practice. Ref: 5.2.3
	Response by registered person detailing the actions taken: **"This response contained service identifiable information and therefore has not been included in this report."**

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